



2005 STAYING CONNECTED GRANT TECHNOLOGY TRAINING GRANTS

APPLICATION FORMS

This section for use by SC State Library only	
Date Received _____ (Due by 3/15/05)	Funding Period _____
Date Approved _____	Approval notice sent _____
Not approved _____	
Notes:	

1. The _____ Library, in order to improve library service through the technology-related continuing education of library personnel and trustees, submits this application for a Staying Connected Technology Training Sub-grant of \$ _____.
2. The Library agrees to contribute either 20% of the total cost of the advanced technology training event/program OR the staff member attending the training agrees to remain employed with the library for a period not less than 18 months after the completion of training.
3. The South Carolina State Library may request additional follow-up from the participants, e.g. article, newspaper interview, formal or informal presentations at State Library sponsored workshops and events.

Applicants: (Library Director or Board Chair) _____
Signature

(Staff member) _____
Signature

Date: _____

Please return one (1) original and two (2) copies of this application to:

*South Carolina State Library
ATTN: Felicia Vereen
P.O. Box 11469
Columbia, SC 29211*

THESE PAGES TO BE COMPLETED BY THE LIBRARY DIRECTOR

(Please complete a separate page for each participant.)

This grant will be awarded by the library to _____, who began service on _____, and currently holds the position of _____.

Participant's Name: _____

Date employed/Appointed: _____

No. hours worked per week: _____

Describe the current position and responsibilities of the applicant. (The designated staff member should be either full-time technology staff or a significant portion of his/her job duties should be related to technology (management, troubleshooting, etc.)

Why was this applicant chosen for this training opportunity?

How will this grant improve services to the library and its clientele?

How will the library evaluate or document improvement of services?

Budget

	Grant Funds	Matching Funds*	Specify Source of Matching Funds [†]	Total
Registration				
Testing Fees (if applicable)				
Lodging				
Transportation (explain below)				
Total:				

** Grant funds can be no more than 80% of the total cost of all expenses. A monetary match may be excluded **IF** the staff member receiving training agrees to remain employed with the library for a period of no less than 18-months after the completion of training.*

[†]Specify source of matching funds, i.e. state aid, lottery, local, other.

Please indicate the source of matching:

- The library will contribute 20% toward the total cost of all expenses. _____
- The staff member will agree to remain employed with the library for a period no less than 18-months from the completion of training. _____

Explanation of Transportation Costs

(Note: Reimbursement for mileage must be based on your county's mileage reimbursement standards and/or may not exceed those that would be paid by the state: approximately 0.33/mile. No reimbursement will be made for food.)

How did you estimate the transportation costs requested? (i.e. based on county/state mileage costs, airfare, etc.)

If mileage, approximate number of miles? _____

NOTE: If employee employment commitment option, please complete the *Employee Commitment form*.

Signature: _____

Date: _____

THIS PAGE TO BE COMPLETED BY PARTICIPANT

(Please complete a separate page for each participant.)

Name of Continuing Education Event: _____

Sponsoring Organization: _____

Location: _____

Date(s): _____

Description of course or program desired (Please include a copy of the official course description, brochures, announcements, etc. with this form.)

What are your expectations as to how this course will improve current services to the library's clientele and how do you expect it to improve your current role in delivery of services?



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REPORT AND EVALUATION

TO BE COMPLETED BY THE LIBRARY DIRECTOR

This form should be completed after consultation between the library director and the individual taking the course/program. (Library directors taking the course should consult with the library board chair.) This form should be completed and returned to the State Library no longer than one week after the training event/program is completed.

Name of library: _____ Today's Date: _____

Name of Participant: _____

Name of event/program: _____

Sponsoring Organization: _____

Location: _____ Dates: _____

Financial Summary

If the financial summary is the same as the budget supplied in the original application, please indicate and skip to the next section.

	Grant Funds	Matching Funds*	Source of Matching Funds [†]	Total Expenses
Registration				
Testing Fees				
Lodging				
Transportation				
Miscellaneous				
Total:				

*NOTE: * Grant funds can be no more than 80% of the total cost of all expenses. A monetary match may have been excluded IF the staff member who received training signed the employment commitment form. Please indicate if employment commitment was used as match.*

[†] State aid, lottery, local, other.

(To be completed by the library director, continued)

Please answer the following. (Use a separate sheet as necessary.)

1. As a result of the professional training provided by the grant, describe how services will improve at your library and its impact on your library users.

2. How will the information learned be shared with other library staff members?

3. How will the information learned assist the library in efforts to sustain public access to technology for the library's clientele?

Signature: _____
(Library Director or Board Chair)

Date: _____

REPORT AND EVALUATION

To be completed by individual event/program and returned to the South Carolina State Library within two weeks of the completion of training. Another evaluation will be required after 6 months to evaluate the long-term benefits of the advanced technology training.

Please answer the following. Use a separate sheet as necessary.

1. How will you apply the workshop/institute/seminar/program material to your work?
2. As a result of this training opportunity, how are you making a difference in quality library services offered in your area?
3. As a result of this training opportunity, how will you assist the library in sustaining public access to technology for the library's clientele?

Name: _____
(please print)

Signature: _____

Date: _____



2005 Staying Connected Technology
Training Grants

Employment Commitment Form

THIS PAGE TO BE COMPLETED BY THE LIBRARY DIRECTOR AND THE STAFF
MEMBER ATTENDING TRAINING

This page should be completed only if the library director and staff member have agreed that the staff member will guarantee continued employment with the library in lieu of the library's monetary contribution of matching funds.

Staff Member

I, _____, agree that I will remain employed with the
_____ Library for a period of no less than 18-
months after I complete the training described in the attached application.

If circumstances arise that make impossible for me to fulfill this commitment, I will notify the South Carolina State Library in writing at least 2 weeks before leaving employment.

Staff Member's Name: _____
(please print)

Staff Member's Signature: _____

Date: _____

Library Director (Board Chair if Library Director is the staff member attending training)

I, _____, Library Director or Library Board Chair, agree to the terms of the employment commitment. Should the library terminate the employment of the staff member named above, the South Carolina State Library will be notified in writing within two weeks of the termination.

Signature (Library Director or Board Chair): _____

Date: _____